

# People Who Care Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address \_\_\_\_\_ Orientation Date \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phones Home # \_\_\_\_\_ Cell # \_\_\_\_\_

What is the closest major intersection and your subdivision if applicable?  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

**Mailing Address (if different from home address)**

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

**Emergency contact Name, relationship and phone number:**  
\_\_\_\_\_  
\_\_\_\_\_

**Personal**                      **Date of Birth** \_\_\_\_\_                      **Gender (M/F)** \_\_\_\_\_

Allergies: \_\_\_\_\_ Pets \_\_\_\_\_ Smoke \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Do you smoke? \_\_\_Yes \_\_\_No (other than English)

Local faith community, if applicable \_\_\_\_\_

## Interested in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Shopping for      | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Personal Paperwork         |
| <input type="checkbox"/> Shopping with     | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i>                    |
| <input type="checkbox"/> Shopping pick up  | <input type="checkbox"/> Grant Writing      | <i>Reconciliation, Reading Mail</i>                 |
| <input type="checkbox"/> Caregiver Relief  | <input type="checkbox"/> Special Events     | <i>Help with Medical Forms</i>                      |
| <input type="checkbox"/> Friendly Phoning  | <input type="checkbox"/> Pet to Vet         | <input type="checkbox"/> Office Call Center         |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings          |   |   |

Household Repairs (minor only)  Carpentry  Heating/Cooling  Change filters  Grab bars

Electrical  Plumbing  Other \_\_\_\_\_

**Assignment Type** (Check your preferences)

- On-call (different Neighbors, one appointment at a time)  
 Ongoing (same Neighbor; once a week, every other week or monthly)  
 Substitute (for a regular assignment, for a limited time)



**Present Availability** (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment?  Yes  No

**Vehicle**

Type:  Sedan  SUV  Pickup  Van  Compact  None

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

*(We will need photocopies of proof of Auto Insurance and Driver's License)*

**Travel Parameters**

Would you be willing to help with transportation between?

Prescott and Chino Valley? \_\_\_\_\_ Prescott only \_\_\_\_\_

Prescott and Prescott Valley? \_\_\_\_\_ Chino Valley only \_\_\_\_\_

Chino Valley and Prescott Valley? \_\_\_\_\_ Prescott Valley only \_\_\_\_\_

**Reference – Co-worker, supervisor (business or volunteer, past or present)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

**Reference – Personal (excluding family) or professional**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

How did you hear about People Who Care? \_\_\_\_\_

**Hobbies, Interests, Occupation or Former Occupation**

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**In submitting my application to volunteer for People Who Care...**

- I acknowledge that I have attended (or plan to attend) a volunteer orientation; received and reviewed the Volunteer Handbook, and will abide by the policies presented.
- I understand that People Who Care will contact the references I have provided.
- People Who Care reserves the right to refuse any volunteer it determines to be inappropriate to assist our vulnerable population.
- I understand that People Who Care requires and Arizona Law stipulates, that drivers have a valid driver's license and the minimum auto insurance required by the state.
- I understand that People Who Care requires a Level One Fingerprint Clearance Card issued by the Arizona Department of Public Safety.
- Volunteers will not assume responsibility for, nor enter into, any written or verbal contractual agreements with their People Who Care Neighbor. Examples include but are not limited to, power of attorney, guardian, conservator, joint bank accounts, check signing, promissory notes, borrowing or lending money, life insurance policies, or deeds.
- I understand and agree that I will keep all information regarding the Neighbors (clients) private and confidential. However, I do understand that I will convey to the People Who Care staff any information about a Neighbor that may concern their health and well-being.
- As a representative of People Who Care, I will have my photo badge with me when providing direct service and return the badge to the office when "retiring" from volunteering with People Who Care.

Have you ever been convicted of a criminal offense, or do you have charges pending for a crime?

No \_\_\_\_\_ Yes \_\_\_\_\_

*A conviction does not automatically disqualify you from a volunteer position.*

My signature on this volunteer application acknowledges that I have read and agree to the above statements.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_